PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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***	Substitute f	or Form PTO-875				09/708,932			
	CLAIMS AS FILED - P. (Column 1)		SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA	Α]	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$	OR		\$ 7/0.0	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	. 21	×	\$=		OR	× \$ 18 =	378.	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	•	×	\$=		OR	x \$=		
MULTIPLE DEPENDENT	CLAIM PRESENT (37 C	FR 1.16(d))	1	\$=		OR	+ \$=		
* If the difference in colu	ımn 1 is less than zero, enter '	'0" in column 2.		TOTAL		OR	TOTAL	1,0880	
CLA	IMS AS AMENDED – F	PART II							
	(55,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5	(Column 2) (Colum	nn 3)	SMALL E	NTITY	OR		R THAN ENTITY	
	REMAINING PF	HIGHEST NUMBER PRES REVIOUSLY EXT PAIR FOR		RATE	ADDI- TIONAL FEE		RÁŤÉ	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	Minus		×	s=	-	OR	x \$=		
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Very service of the control	Minus 1		x	s=		OR	x \$	\setminus	
FIRST PRESENTATI	ION OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d)) +	\$=		OR	+\$=	$\perp \times$	
				OTAL DD'L FEE		OR	TOTAL ADD'L FEE		
	(Column 1)	(Column 2) (Colum	nn 3)	'		· -		7 -	
8 1	CLAIMS REMAINING AFTER PE	HIGHEST NUMBER PRES REVIOUSLY EXT PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	40 Minus "	4/ =	×	\$=		OR	x \$=		
Z Independent * Ш (37 CFR 1.16(b))	3 Minus "	3 - 1	X	\$=		OR	x s=<		
FIRST PRESENTAT	ION OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d)) +	-\$ =		OR	+\$=		
				OTAL DD'L FEE		OR .	TOTAL ADD'L FEE		
	(Column 1)	(Column 2) (Colum	mn 3)				/		
느!	REMAINING PI	HIGHEST NUMBER PRES REVIOUSLY EXT PAID FOR		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	34 Minus **	4/ -		\$=		OR .	x \$=		
Z Independent (37 CFR 1.16(b))	Minus **	3 =	$X = \begin{bmatrix} x \end{bmatrix}$	\$=		OR	X \$=	X	
FIRST PRESENTAT	ION OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d)) +	- \$=		OR	+ s=		
				OTAL DD'L FEE		OR	TOTAL ADD'L FEE	17	
** If the "Highest Nu *** If the "Highest Nu	mn 1 is less than the entry in mber Previously Paid For" IN mber Previously Paid For" (Tot lber Previously Paid For" (Tot	THIS SPACE is less the	column 3. han 20, enter " nan 3, enter "3"	20".	the appropria	• • • •	- - 1.2 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1.4 - 1	J	

Inis collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		PATI	Application or Docket Number										
			CLAIMS AS (Colu	FILED - P	ART I	_	SMALL ENTIT		OR	OTHER SMALL			
- 1		FOR	NUMBE	R FILED	NUMBE	R EXTRA	ſ	RATE	FEE		RATE	FEE	
		C FEE CFR 1.16(a))					Ī		\$	OR		\$	
	TOT	AL CLAIMS CFR 1.16(c))		minus 20 =				x s=		OR	x \$=		
	INDE	PENDENT CLAIM CFR 1.16(b))	1S	minus 3 =	•		Ī	x \$=		OR	x \$=		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=	-	
	* If ti	ne difference in c	olumn 1 is less tha	n zero, enter	"0" in column 2		TOTAL		OR	TOTAL 1			
W.		CL	AIMS AS AMI	ENDED – F	PARTII				_				
X		(Column 1) (Column 2) (Column 3)							NTITY	OR I		R THAN ENTITY	
70/03 (N.E.)	ENTA		CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
30,	ENDMENT	Total (37 CFR 1.16(c))	.34	Minus **	41			x \$=		OR	X \$		
0	4EN	Independent (37 CFR 1.16(b))	. 3	Minus **	(3	- X		x \$=		OR	x \$=		
2	AM,	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDENT	CLAIM (37 CF	R 1.16(d))	l	+ \$=		OR	+ \$		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	_	,	(Column 1)		(Column 2)	(Column 3)	ſ			1			
3	ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1/	DME	Total (37 CFR 1.16(c))		Minus	· 	=		x \$=		OR	x \$=		
1	AMENDM	Independent (37 CFR 1.16(b))		Mily Y		=		x \$=		ÓR	_x s=		
1	A	FIRST PRESENT	ATION OF MULTIPL	V E DEPENDENT	CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ \$=		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
			(Column 1)		(Column 2)	(Column 3)	λ,					1	
<i>\P</i>	ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSIV PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1/2	MA	Total (37 CFR 1.16(c))	. \	Wnus V*	\>=	=		x \$=		OR	x \$=		
1.0	Į.	Independent (37 CFR 1.16(b))	r X V	Minus **	**	=		x \$=		OR	X \$=		
1/	AM	FIRST PRESENT	TATION OF MULTIPL	E DEPENDENT	CLAIM (37 CI	R 1.16(d))		+\$=		OR	+ \$=		
								TOTAL ADD'L FEE		OR.	TOTAL _ ADD'L FEE		
	1	** If the "Highest	column 1 is less that Number Previousl Number Previously lumber Previously	y Paid For" IN y Paid For" IN	THIS SPACE	is less than 20, is less than 3, er	ent nter	· " 3".	the general	ata bayiris	column 1	.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ſ	PATEN	Application or Docket Number							
	C	LAIMS AS FILED – P/	ART I (Column 2)		SMALL ENTITY		OR	OTHER SMALL	
ļ	FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
Ţ	BASIC FEE (37 CFR 1.16(a))					s	OR		\$
	TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =			x \$=		OR	x \$=	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	·		x \$=	· · · · · · · · · · · · · · · · · · ·	OR	× \$=	
	MULTIPLE DEPENDENT O	CLAIM PRESENT (37 CF	FR 1.16(d))		+ \$=		OR	+\$=	
Ī	* If the difference in colum	nn 1 is less than zero, enter	0" in column 2.		TOTAL		OR	TOTAL	
		MS AS AMENDED - F							
		Column 1)	(Column 2) (Column 3)		SMALL E	ENTITY	OR		R THAN ENTITY
$ _{\mathcal{C}}$		REMAINING AFTER PF	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total * (37 CFR 1.16(c))	Minus "			x \$=		OR	x \$=	
\mathbb{S}	Z	Minus V ***			x \$=		OR	=	
	FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))		+ s=		OR	+ \$=	
Ì					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)	(Column 2) (Column 3)						
64	ω ,	CLAIMS REMAINING AFTER PI	HIGHEST NUMBER REVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b)) Z Independent (37 CFR 1.16(b))	Minus		1	x \$=		OR	x \$=	
V	Z Independent (37 CFR 1.16(b))	(Minus A	. / =		x \$=		OR	x \$=	
`	Y FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))		+ \$=		OR	+ \$=	•
				•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
,		(Cólumn 1)	(Column 2) (Column 3)				-		
10	If c	CLAIMS REMAINING AFTER / P	HIGHEST NUMBER PRESENT REVIOUS EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X	Y Total	MENDMENT. Ninus **	PAID FOR =	1	x \$ =	766	OR	x \$ =	1 2 2
//	(37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b))	Minus "	• =	1	x \$ =		OR	x \$ =	
Y	Σ	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	1	+\$ =		OR	+ \$ =	
,	TROTTICOLITA	or or more and or cross		1	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	†
	** If the "Highest Nur	mber Previously Paid For" IN	column 2, write "0" in column THIS SPACE is less than 20 THIS SPACE is less than 3, 6 al or Independent) is the high), en ente	iter "20". er "3". number found in	n the appropri	ate box in	- 	Y

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				APPLIC	ATION	FEE DETER	RECORD		Application or Docket Number				
H		Substitute for Form PTO-875										/ /	
۱	CLAIMS AS FILED – PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL	R THAN ENTITY
Ī	FOR NUMBER FILED					NUMBE	R EXTRA		RATE	FEE		RATE	FEE
Ī		C FEE FR 1.16(a))								\$	OR		\$
İ	TOTA	AL CLAIMS FR 1.16(c))		,	minus 20	<u> </u>		ĺ	x s =		OR	x \$=	
f	INDE	PENDENT CLAIN FR 1.16(b))	//S		minus 3				x \$=		ÓR	x \$=	
ŀ	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+\$ =		OR	+ \$=	
ł	* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	
	11 (1)								!		•		
		CLAIMS AS AMENDED - PART II									OR	OTHER	R THAN
				olumn 1)		(Column 2)	(Column 3)	1	SMALL E	NTITY) .	SMALL	ENTITY
1	NT A		RI	CLAIMS EMAINING AFTER ENDMENT		HIGHEST -NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1	DMENT	Total (37 CFR 1.16(c))	.(35	Minus	" 41	=		x \$=		OR	x \$=	
	Z I	Independent (37 CFR 1.16(b))	*	4	Minus	··· 3	= /		x \$=		OR	x \$ 80 =	86 -
۴	AM.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ =							OR	+ \$=			
İ									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	86-
	(Column 1) (Column 2) (Column 3)										_		
	NT B		Ri	CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)ME	Total (37 CFR 1.16(c))	•		Minus	••	=		x \$=	_	OR	x \$=	
	AMENDMENT	Independent (37 CFR 1,16(b))	*		Minus	***	=		x \$=		OR	x \$=	
	A⊵	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+\$_=		OR.	+ \$=	
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	ļ
			(C	Column 1)		(Column 2)	(Column 3)		·		_		
	NTC		R	CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	OME	Total (37 CFR 1.16(c))	•		Minus	**			x \$=		OR	x- \$=	
	ENDM	Independent (37 CFR 1.16(b))	•		Minus	***	=		x \$=		OR	x \$=	
	AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ s =		
								-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number 									r 3″.	the appropri	ate box in	column 1.	

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